IPDR6702	. 05/17/2004			NORTH CAROLINA		PAGE:	1	
RUN DATE	: 05/17/2004			CHECKWRITE SUMMARY REPORT MECKWRITE DATE: 05/18/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	OMORA MOUNTS TANK	143	192	CLIENT ID NUMBER NOT ON STATE				-
3404301	SMOKY MOUNTAINM H/DD/SAS	243	172	ELIGIBILITY FILE				
		8599	176	DETAIL NOT COVERED BY COMBINAT	22	538	5057	4519
				ION OF RECIPIENT, PROVIDER AND	22	530	5057	4313
				BENEFIT PACKAGE.				
		27	72	DIAGNOSIS CODE MISSING OR INVA				
			7.2	LID. VERIFY AND ENTER THE				-
				CORRECT DIAGNOSIS CODE AND SUB				
3404902		11	3	CLIENT NOT ELIGIBLE ON SERVICE				
3404302	BLUE RIDGE COMM UNITY	**	~	DATE				-
		23	9	SERVICE REQUIRES PRIOR APPROVA				
				L	C	6	99	93
3404904		21	621	DUPLICATE OF CLAIM-SYSTEM				
J4043U4	WESTERN HIGHLAN DS LME	2.1	041	DOLLICATE OF CHAIN-SISTEM			-	1
								<u> </u>
		2020	441	CLAIM DENIED DUE TO INSUFFICIE				
		8505	441	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	141	1958	3034	1 1075
								<u> </u>
		2522	44.4					
		8599	414	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				-
	AL HLTH CTR							1
		0	0		C	0	0	. 0
								1
3404907	RUTHERFORD-POLK	8800	2	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
								1
		8505	1	CLAIM DENIED DUE TO INSUFFICIE	C	3	3	0
				NT BUDGET				-
								-
3404910	PATHWAYS	8599	729	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
							+	-
		27	700	DIAGNOSIS CODE MISSING OR INVA	176	2634	9083	6449
				LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB		-	-	-
							 	1
		8505	379	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET		-	-	-
							 	1
3404912	CATAWBA COUNTYM	8505	2798	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
							+	-
		8800	1	FURTHER PROCESSING NECESSARY,	C	2799	2799	0
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
							 	
3404913	MECKLENBURG COM	8505	2433	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
				1			-	1
		8599	353	DETAIL NOT COVERED BY COMBINAT	348	3810	7805	3995
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			<u> </u>	
				DENEFII FACAGE.			 	-
	1		172	CMTNC INELIGIBLE TO RECEIVE SE		1	 	+
		8932	1/2					
		8932	172	RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	11	362	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
		21	237	DUPLICATE OF CLAIM-SYSTEM	29	872	5316	4444
		8000	105	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM	8505	5234	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	2130	DETAIL NOT COVERED BY COMBINAT	303	8236	9307	1071
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	237	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918		8505	317	CLAIM DENIED DUE TO INSUFFICIE				
	ROCKINGHAM CO M ENTAL HEALT			NT BUDGET				
		1						
		11	103	CLIENT NOT ELIGIBLE ON SERVICE	29	577	1004	427
				DATE				
		8502	45	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919		8505	3299	CLAIM DENIED DUE TO INSUFFICIE				
3404313	GUILFORD CO MEN TAL HEALTHC	8303	3299	NT BUDGET				
		8800	239	FURTHER PROCESSING NECESSARY,	134	4044	5127	1083
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	199	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2450	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		537	316	PROCEDURE IS NOT COVERED FOR T	20	3329	3797	468
				HIS DATE OF SERVICE				
		8800	221	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C	5404	741	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
	HATHAM AREA							
		8505	716	CLAIM DENIED DUE TO INSUFFICIE	173	3224	5,15	2222
				NT BUDGET	1/3	3224	5445	2221
		5312	634	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				-
3404922	THE DURHAM CENT	23	5153	SERVICE REQUIRES PRIOR APPROVA L				
	ER							
		191	163	CLIENT ID NUMBER DOES NOT MATC				
			- 3-3	H PATIENT NAME	0	5336	5336	0
		143	20	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404923	VGFW AREA AUTHO	8505	1177	CLAIM DENIED DUE TO INSUFFICIE				
	RITY	1		NT BUDGET				
			22					
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	2	1379	1780	401
				FUTURE RA'S.				
		11	74	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

		1	1	T	1			
PROVIDER		HIGH DENIAL	NUMBER OF		muc	moma r	TOTAL	TOTAL
NUMBER	DROUTDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLDER	PROVIDER NAME	1010	DUNTITUO	DEGULTION	DENIALS	DENIALS	FINALIZED	PAID
3404924	PIEDMONT AREA M	8525	3	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
	II/ DD/ SAS							-
		0	0		0	3	3	(
							-	
3404925	SANDHILLS CENTE	8505	1490	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	424	DETAIL NOT COVERED BY COMBINAT	108	2416	5789	3373
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	80	DUPLICATE OF CLAIM-SYSTEM				
3404926		0505	2000	CLAIM DENIED DUE TO INSUFFICIE				
3404926	SOUTHEASTERN RE	8505	26669	NT BUDGET				-
	G MENTAL HL			NI BODGEI				
	+		 		 	 		-
	+	8517	1036	CLAIMS DENIED, SUBMITTED BEYON	107	29159	21050	2100
	+			D FILING TIMELIMIT. JULY	107	59129	31259	2100
	+			THROUGH APRIL DOS MUST BE SUBM	 	 		
	+				 	 		
	+	8518	782	CLAIM DENIED, SUBMITTED BEYOND	 	 		
	1			FILING TIMELIMIT. MAY AND				
	1			JUNE DOS MUST BE SUBMITTED BY				
					1			
3404927	CUMBERLAND CO M	8505	1979	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	201	FURTHER PROCESSING NECESSARY,	0	2421	3400	979
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	172	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404020		0505	2151	OTATA DENTED DUE DO TROUBEROTE				
3404929	LEE HARNETT MH/	8505	3151	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		11	131	CLIENT NOT ELIGIBLE ON SERVICE				
		11	131	DATE	3	3582	4501	919
				D112 D1				
		8599	83	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1							
3404930	JOHNSTON COUNTY	8505	1104	CLAIM DENIED DUE TO INSUFFICIE	1			
	MNTL HLTHC			NT BUDGET				
		8800	54	FURTHER PROCESSING NECESSARY,	0	1158	1158	0
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404931	WAKE CO HUM SVC	8599	761	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
	4		1	BENEFIT PACKAGE.	ļ			-
	1	0025	214	ACTMC IMPLICIBLE TO DECESSE OF	—	-		
	1	8935	314	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	489	2235	9836	7601
	1			NVICED IN IERO.	—	-		
	+							-
	+	8505	301	CLAIM DENIED DUE TO INSUFFICIE	 	+	1	
	+		+	NT BUDGET	 	+	1	
	+				 	 		
	+		†		 	 		
3404932	RANDOLPH/SANDHI	8526	5114	CLAIM DENIED, UNITS BILLED MUS				
	LLS CO MH C			T BE GREATER THAN ZERO				
		1			1			
		120	236	CLIENT ID NUMBER MISSING OR IN	158	5929	6922	988
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	147	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

MONTEST NAME 100 MINIAL 100	C	TOTAL CLAIMS PAID
PROFITED NAME SOUTH PROPERTY PROPERT	ED	
# PROPERTY PROPERTY OF CASHING WAS A STATE OF	2981	
# PROPERTY PROPERTY OF CASHING WAS A STATE OF	2981	
100 122 PRINTED FOCKSTON CLAIM OF 10 2224	2981	
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PARABE CRICK FOR CLAIM ON		
PARABE CRICK FOR CLAIM ON	1618	13
	1010	13
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3404936 MILSON-GREENE M 8309 923 CLAIM DENIED DUE TO INSUFFICIE ENTAL HEALT 8931 15 ANTINC INELIGIBLE TO RECEIVE SE 22 874 874 22 874 875 22 874 876 22 874 877 22 874 877 22 874 877 22 874 878 22 875 879 22 875 870 22 876 870 22 876 870 23 870 800 8 FURTHER FROCESSING NECESSARY, 970 24 875 970 25 876 970 25 876 970 26 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876 970 27 876		
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PLEASE CHECK FOR CLAIM ON FUTURE RA'S. S404937 EDGECOMBE NASH 9505 1613 CLAIM DENIED DUE TO INSUFFICIE MOTE HIT C 1040 DUPLICATE OF CLAIM-SYSTEM 1050 SERVICE STRONG MENT 1050 SERVICE STRONG MENT 1060 SERVICE STRONG MENT 1070 SERVICE STRONG CODE FOR 1070 SERVICE STRONG MENT 1070 SERVICE STRONG M		
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8931 14 AMTNC INELIGIBLE TO RECEIVE SE		
		-
3404939 NEUSE MENTAL HE 8505 1050 CLAIM DENIED DUE TO INSUFFICIE ALTH CENTED NT BUDGET		
ALTH CENTER NT BUDGET	\longrightarrow	
8800 494 FURTHER PROCESSING NECESSARY, 0 1648	1806	1
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	T	
FULUE RA'S.		
8599 45 DETAIL NOT COVERED BY COMBINAT	-+	
ION OF RECIPIENT, PROVIDER AND		
BENEFIT PACKAGE.		
3404941 PITT CO MH/DD/S 8599 406 DETAIL NOT COVERED BY COMBINAT		
AS CENTER ION OF RECIPIENT, PROVIDER AND	-+	
BENEFIT PACKAGE.		
120 290 CLIENT ID NUMBER MISSING OR IN 64 1255 VALID. ENTER CID AND SUBMIT	4246	29
VALLED. ENTER CLU AND SUBMIT AS A NEW CLAIM	\longrightarrow	
21 150 DUPLICATE OF CLAIM-SYSTEM		
	$\equiv \pm$	

PROHITEER		HTOH DENTS	WINDER OF			-	TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DECCRIPATON.	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	DOSMOVE GHOWSHIP	8505	356	CLAIM DENIED DUE TO INSUFFICIE				
	ROANOKE CHOWANH UMAN SERVIC			NT BUDGET				
	Oldar Oblivio							
		8599	98	DETAIL NOT COVERED BY COMBINAT	7	517	1284	767
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	20	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
3404943	ALBEMARLE MENTA	8505	94	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE		-	NT BUDGET				
	E READIR CE							
		8931	37	AMTNC INELIGIBLE TO RECEIVE SE	56	275	1673	1398
				RVICES IN IPRS.				
		1	1					
		11	35	CLIENT NOT ELIGIBLE ON SERVICE		ļ		
			1	DATE				
3404944	EASTPOINTE HUMA	8505	1226	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
	N SERVICES							
		8800	282	FURTHER PROCESSING NECESSARY,	160	1802	2744	942
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8931	129	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	11	1012	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT	-		DATE				
	DIVITED HEALTH							
		8505	1	CLAIM DENIED DUE TO INSUFFICIE	0	1013	1024	11
				NT BUDGET				
3404957	TIDELAND MENTAL	8505	1599	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY,	84	1885	2159	274
				PLEASE CHECK FOR CLAIM ON	0.4	1003	2139	211
				FUTURE RA'S.				
		8935	36	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
			1					
3404959	DAVIDSON CO MEN	U	U	*** NO DATA TO REPORT ***		ļ		
	TAL HLTH CT		1					ļ
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			+		+			
3404979	NEW RIVER AREAM	8505	753	CLAIM DENIED DUE TO INSUFFICIE	+	 		
	H/DD/SA PRO			NT BUDGET				
		8800	317	FURTHER PROCESSING NECESSARY,	92	1435	3259	1824
			1.	PLEASE CHECK FOR CLAIM ON	1			
				FUTURE RA'S.				
		8599	218	DETAIL NOT COVERED BY COMBINAT				
		8599	218					